

Source

A Newsletter for the Patients, Volunteers & Staff of the VA Southern Oregon Rehabilitation Center and clinics

VA SORCC Opens Outreach Clinic in Grants Pass

WHAT'S INSIDE



A Message from Network Director.....1

Holiday Tree Lighting.....3

Grants Pass West VA Outreach Clinic.....9

Director's Holiday Open House.....11

OEF-OIF.....12



On December 3 the VA brought healthcare closer to VA enrolled veterans living in rural Josephine County. The VA Southern Oregon Rehabilitation Center and Clinics (VA SORCC) in White City opened a healthcare outreach clinic in Grants Pass as part of the Rural Healthcare Initiative. The Grants Pass West VA Outreach Clinic will be held each Wednesday through Friday at 520 SW Ramsey Avenue, Suite 102, Grants Pass, Oregon, 97526 between the hours of 8 a.m. and 4:30 p.m. The clinic is not a full service clinic but will offer primary care services for chronic medical conditions including blood draws and limited health screenings, and mental health services by appointment only.

continued on page 5



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The VA SORCC, welcomes submission of articles of interest to our readers. The editor reserves the right to use and edit all contributed articles. Views expressed in this publication do not necessarily reflect the opinions of the Administrative Boards, Editorial Staff, or Department of Veterans Affairs.

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A Message from the

Network Director

Dear Fellow Employees, Volunteers, Veterans and Friends of VA SORCC:

As many of you know, I recently announced my retirement from VA service, effective January 3, 2009. When I began my career with the Veterans Administration (as a VACO payroll clerk in 1970) I could have never imagined what I would experience in the ensuing years – monumental advances in health care, immense changes in our organization and the places this job would take me. Thirty nine years and 25 stations later, here are just a few of the highlights:



At the time of my first assignment, VA had approximately 151 facilities, and Dr. Oscar Auerbach, a pathologist at the East Orange, N.J., VA, had just linked cigarette smoking to lung cancer in a two-year study. That same year, a pilot project called the Hospital Based Home Care Program (HBHC) was tried at six VAs. In 1971, Dr. Valerija B. Raulinaitis was the first woman to be named Director of a VA hospital, and in 1973, VA assumed administration of the National Cemetery System when it was transferred by Congress from the Army. In 1977, VA's female employees outnumbered males for the first time, and in 1978, Little Rock initiated VA's first rural HBHC program in Hot Springs, Arkansas.

Around the time I entered VA's Medical Center Director Training program (1980), federal policy on "contracting out" was defined by OMB Circular No. A-76; a study sent to Congress made recommendations for health care of former POWs and VA celebrated its 50-year anniversary. That same year, Dr. Yeogchi Wu and Harold Krick invented a removable cast that helped amputees heal faster and Post-Traumatic Stress Neurosis was reclassified into its own category with clearer guidelines for diagnosis and compensation.

In 1981, General Omar Bradley, head of VA from 1945-1947, who presided over the return to civilian life of nearly 13 million vets, died after 69 years on duty; the bacteriological agent responsible for Legionnaires' disease was brought under control at the Wadsworth, California VA, and our own Spokane's dietetic service was first in VA to receive the Ivy Award from *Restaurants and Institutions Magazine* for having food service operations and operators which "epitomize excellence." Forty-three vet centers were added to VA in 1981 (bringing the total number to 133) and VA sponsored the first National Veterans Wheelchair Games at the Richmond VAMC.

In 1982, I began the first of three Associate Medical Center Director assignments, the same year physicians at the Albuquerque VA temporarily

Continues on page 2

reduced power to their beeper system to lessen interference on a frequency used to guide the Columbia space shuttle to a safe landing. In June 1983, VA adopted system-wide automated data processing for medical centers – the Decentralized Hospital Computer Program (DHCP) and in 1984, VA's Compensated Work Therapy Program expanded to 44 sites. Three years later, VA and two design engineers were among the first winners of Presidential Awards for design of Seattle Foot, and on March 15, 1989, the Veterans Administration became the Department of Veterans Affairs after President Reagan signed legislation elevating VA to Cabinet level status.

The 1990s brought more changes when VHA reorganized – regions were reduced from seven to four, and 27 medical district offices closed. That same year, VA facilities mobilized to support casualties of the Persian Gulf War and the Emergency Medical Preparedness Office was created, charged with VA-DoD contingency planning and coordination with the National Disaster Medical System. In 1991, a smoke-free policy was initiated at VA medical facilities and the Martinez, California VA Medical Center closed due to earthquake damage.

In 1995 VA's "Vision for Change" was implemented and, as a result of this major philosophy shift, four medical regions were replaced with 22 (now 21) Veterans Integrated Service Networks (VISNs), emphasizing patient-focused care and need-based resource allocation. The Veterans Health Care Eligibility Reform Act changed VHA from a hospital system to a health care system, and in 1996, VA's Under Secretary for Health, Dr. Keizer, introduced a "Prescription for Change" – guiding principles and strategic objectives underlying the transformation of the VA into what is now widely acknowledged as a model system, within the United States and throughout the world. At the start of the 21st Century, I began what was to be my only Medical Center Director position (at the Hines VA) and in the ensuing eight years, the only constant has been change – from the impact of Operations Enduring and Iraqi Freedom and the resulting new generation of veterans, to the differing philosophies realized under the direction of four distinct Secretaries and two administrations. Y2K introduced CARES to the VA, and decisions from this massive undertaking will have lasting impacts at many VISN 20 facilities – most especially Walla Walla, whose recently approved OMB 300 application will dramatically enhance services for veterans in rural Washington State.

In 2002, I returned to where I began my career serving as the Assistant Deputy under Secretary for Health for Operations and Management and the Acting DUSHOM in VACO, and my involvement in assisting with relief efforts to those impacted by Hurricanes Katrina, Rita and Wilma during this time is something I will long remember. In May 2005, I began my tenure as VISN 20's Network Director, on what was to be a short term detail, and the rest, as they say, is history.

Over the course of the last 40 years, the VA has grown to include over 240,000 employees providing care at 171 medical centers; more than 350 outpatient, community based, and outreach clinics; 126 nursing home care units; and 35 domiciliaries. Our facilities now provide a broad spectrum of medical, surgical, and rehabilitative care, and we have seen hospitalization rates decrease dramatically with a shift in focus to outpatient care. Our veterans are now able to receive services closer to home than ever before, and in our own Network, we have developed an aggressive Rural Health Plan aimed at continuing this trend. In the last year alone, VISN 20 activated nine CBOCs and Outpatient Clinics, with five more scheduled in 2009. As I look back on these achievements and advances, it is with pride and gratitude for the experience of having been a VA employee. I wish you the best of luck in the coming years, and look forward to continuing great things for the veterans it has been my honor to serve.

Dennis M. Lewis, FACHE

Holiday Tree Lighting



(Above Left) VA SORCC Director, Max McIntosh, once again used his magic wand to light the facility Holiday Tree during the annual Tree Lighting Ceremony. (Above Right) Entertainment was provided by the Eagle Point High Jazz Choir, directed by (Lower Left) Terri Steinhorst and Volunteers served refreshments. (Lower Right) Mrs. Clause (Karen Fomby) and Santa Clause (Michael Fomby) gave out candy canes. After the event, Santa & Mrs. Claus visited patients in the Infirmary and common areas.

VAVS CALENDAR OF EVENTS

January '09	19 th	Martin Luther King Jr. Day, CRD Office closed
February '09	2 nd	VAVS Committee Meeting, 10 am, Activity Room
	9 th -15 th	National Salute to Veterans Week
	16 th	President's Day – CRD Office closed
	25 th	Volunteer Awards Ceremony – Red Lion Inn
March '09	17 th	St. Patrick's Day

NOTE: This is not an all-inclusive list. It is a general guideline to recurring events!

Patient Gift Shop



(Above Left) Tonia Allenger, Recreation Service, wraps gifts, (Above Right)December 4 was the Annual Patients Gift Shop. Various volunteer organizations and other volunteer groups like EPHS (Veterans of Foreign Wars, American Legion, Disabled American Veterans, Military Order of the Cootie, B.P.O. Elks and their Auxiliaries) joined together to set-up, wrap, and address Holiday gifts for facility veterans. Gifts were provided for each of the 520 inpatients to give to their loved ones. Over \$8,000 in gifts and shipping costs were provided at no cost to the inpatients.

Annual Golf Course Volunteer Holiday Gala



(Left) J.J. Weigant, golf shop volunteer visits with other guests and volunteers. (Right) Ted Morehouse, golf shop volunteer manager, thanks Dr. Max McIntosh for his constant support of the VA golf shop.

OEF-OIF Veterans

“Our Turn to Serve You”

The VA's OEF-OIF Program provides exclusive personal service to veterans returning from Iraq, Afghanistan, and many other “hostile fire” areas.



Chris J. Petrone, LCSW
OEF-OIF Program Manager
541-826-2111 x3230
541-531-3274 (cell)



Billy Haden, MSW
OEF-OIF Case Manager
541-826-2111 x3798
541-261-7843 (cell)



Cynthia Houston
Transition Patient Advocate
541-440-1000 x140175
541-285-3819 (cell)

Please call one of the individuals above to learn more about the OEF-OIF Program and the benefits & services available to you through the Department of Veterans Affairs



Department of Veterans Affairs
Southern Oregon Rehabilitation
Center & Clinics

Patient Gift Wrap



In preparation for the Patient Holiday Party, on December 20 the volunteers once more get together with items purchased and donated to prepare a very nice "Gift Bag" for each of the 520 inpatients. The Holiday Season is a very busy time for the volunteers as they do everything they possibly can to let the veterans know how much they are appreciated. "Thank You" to all of our volunteers!

Employee News

Brenda Davis, LCSW, is our new Suicide Prevention Coordinator. Brenda is an experienced clinician who served as suicide prevention coordinator at Pelican Bay State Prison for seven years and most recently has been the agency director for Del Norte County mental health programs. We are very fortunate to have Brenda join us at the VA SORCC. Welcome Brenda!



Wolfgang Agotta, Patient Advocate **Gail German-Rightnour, Patient Representative**

Can help you with: Compliments, complaints or unmet needs. If you have SORCC policies and procedures questions not answered elsewhere, come see us we have an open door policy. Our hours are:

6:30 a.m. to 4:00 p.m.
Monday—Thursday
Building 201, Room 272 and
Ext. 3657 (Wolfgang)
Ext. 7504 (Gail)



(continued from cover)



(Left) Grants Pass West VA Outreach Clinic, located inside the Three Rivers Medical Plaza. (Right) Dr. Max McIntosh, VA SORCC Director, cuts ceremonial cake that reads, "Grand Opening Grants Pass West Clinic Proud to Serve Our Veterans".

According to Dr. Max McIntosh, Director of the White City VA, more days of operation and expanded services will be eventually added if the demand for care warrants the additional services. "Veterans living in rural areas need to have more convenient access to their VA care. There are a number of veterans rurally positioned that do not take advantage of VA care available to them, even though they need help, simply because of social, economic and geographic barriers. We are doing all we can, including partnering with local private sector healthcare organizations to help eliminate those barriers in Southern Oregon," said Dr. McIntosh.

Enrolled veterans living in the most remote areas of Josephine County were contacted by letter and provided appointments first. Gradually, all enrolled veterans within the county will have the opportunity to be phased into clinic appointments. "This "phasing-in" process will ensure we reach the more remote veterans right away. They are a good portion of the vets who have not been able to get to the care they need", said Dr. McIntosh. The VA SORCC plans to keep in touch with veterans regularly as their capability to add more enrolled veterans to the clinic's appointment schedule becomes feasible. Additionally, those veterans not enrolled in the VA healthcare system can acquire applications for care at the clinic. General VA information and assistance will be provided on how to complete the "10-10" application to determine eligibility for care.

If you're a veteran and would like more information about the Grants Pass West VA Outreach Clinic, contact Tracy Dekelbourn at 541-830-7423.

More Grants Pass Opening Photos



(Top Left) Tracy Dekelbourn, Ambulatory Care Manager, gives tour of healthcare outreach clinic. (Top Right) Anna Diehl, Public Affairs Officer, welcoming Josephine County Chamber of Commerce Director member and retired veteran, who was very excited and appreciative about the opening of the outreach clinic. (Above Left) Greeter member gave out stickers and hugs. (Above Right) Chamber members. (Right) Former POW veteran and his wife relax after the tour and enjoyed cake and punch in the clinic's kitchen.





Grants Pass West VA Outreach Clinic

Welcome to the Grants Pass West VA Outreach Clinic, a rural healthcare initiative of the VA Southern Oregon Rehabilitation Center & Clinics (SORCC) in White City, Oregon. We are an outreach clinic designed to bring VA healthcare services closer to veterans living in Josephine County, namely those veterans who reside in remote areas. We are not a full service clinic and currently provide primary care services for chronic medical conditions including blood draws and limited health screenings, and mental health services by appointment only.

Hours of Operation:

Wednesdays & Thursdays:

Primary Care: 9 a.m. to 2:30 p.m.

Mental Health Care: 8 a.m. to 4:30 p.m.

Laboratory Services: 8 a.m. to 4:30 p.m.

Fridays:

Mental Health Care: 8 a.m. to 4:30 p.m.

Laboratory Services: 8 a.m. to 4:30 p.m.

Services provided:

- 1) Primary Care
- 2) Treatment and Medication Management for Mental Health purposes
- 3) Labs as ordered by your Primary Care Provider (PCP)
- 4) Immunizations
- 5) Referrals to specialists inside and outside the VA

Services our clinic is unable to provide:

- 1) Emergency Services
- 2) Walk-in Care
- 3) Medical or prescriptions for veterans who are not patients at the Grants Pass West Clinic
- 4) X-Ray and Ultrasound
- 5) Pharmacy Service
- 6) Billing
- 7) Dental
- 8) Optical
- 9) Authorization of payment to non-VA providers
- 10) Issue travel pay
- 11) Scheduling transportation to other VA facilities
- 12) Minor procedures
- 13) EKGs (at this time)

continued on page 8

**Contact Information:**

Grants Pass West VA Outreach Clinic
Three Rivers Medical Plaza
520 SW Ramsey Avenue, Suite 102
Grants Pass, OR 97527
(541) 955-5551
Fax (541) 955-7171

Other Contact Information:

White City VA: 1-800-809-8725 or (541) 826-2111

Prescription Refill Instructions: (Using Phone to Order Refills)

STEP 1: DIAL 1-800-809-8725

STEP 2: DIAL 7563 WHILE OPERATOR IS SPEAKING

STEP 3: WAIT FOR PROMPT

- ENTER SOCIAL SECURITY NUMBER
- PRESS # KEY

STEP 4: WAIT FOR PROMPT

- PRESS 2

STEP 5: WAIT FOR PROMPT

- PRESS 1

STEP 6: WAIT FOR PROMPT

- ENTER PRESCRIPTION NUMBER (DO NOT INCLUDE LETTERS)
(LOCATED IN UPPER RIGHT CORNER OF PRESCRIPTION LABEL)
- PRESS #

IF THERE IS MORE THAN ONE PRESCRIPTION TO BE FILLED, REPEAT STEPS 5&6.

IF THE RECORDING STATES THAT YOU HAVE ZERO REFILLS REMAINING, OR THAT THE PRESCRIPTION HAS EXPIRED, PRESS 1 TO REQUEST A NEW PRESCRIPTION.

IF THERE ARE PROBLEMS, PRESS 8 TO SPEAK TO A PHARMACIST.



Director's Holiday Open House



The elves were busy preparing for the Director's Holiday Season Open House that was held on December 2 and sponsored by Service Chiefs. Thanks to Santa's faithful helpers, the SORCC staff enjoyed a wonderful holiday celebration. (Below Left) Jennifer Carter and Rhonda Zimmerman. (Top Right) Rhonda Haney and James Cunningham. (Below Right) Dr. Max McIntosh, Bob Hall and Peter "Ryan" Carter, relaxed and enjoyed the opportunity to socialize with each other. May the Holiday Season refresh the spirit of caring and giving, that the SORCC staff exhibit throughout the year.

Who Cares?

About Quality Health Care.




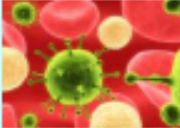




Billy Haden does. Billy feels a special kinship with vets because he's walked that mile. He's a vet, too. "I take great pride in helping veterans sitting across from me or on the phone line navigate through all the services provided throughout our healthcare system", says Billy. "Its not enough to just do my job. For me, healthcare extends beyond professional competence. I believe it's through our compassion for the veteran and our relationships and communication with our fellow co-workers that we are able to provide true quality healthcare and meet the needs of the veteran."

VA SORCC Employees. Dedicated to Your Care.
Every Day.

NATIONAL PATIENT SAFETY GOALS 2009




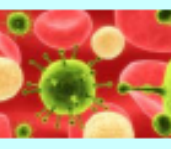

(AMBULATORY HEALTH CARE)

JC Goals	Implementation Expectations				
<p>Improve the Accuracy of Patient Identification</p> 	<p><u>NPSG.01.01.01</u> use at least two patient identifiers when providing care, treatment or services.</p> <p><u>NPSG.01.02.01</u> prior to the start of any invasive procedure, conduct a final verification process to confirm the correct patient or resident, procedure, site, and availability of appropriate documents.</p> <p><u>NPSG.01.03.01</u> eliminate transfusion errors related to patient misidentification.</p>				
<p>Improve the Effectiveness of Communication Among Caregivers</p> 	<p><u>NPSG.02.01.01</u> for verbal or telephone orders or for telephonic reporting of critical test results, verify the complete order or test result by having the person receiving the order or test result "read back" the complete order or test result.</p> <p><u>NPSG.02.02.01</u> standardize a list of abbreviations, acronyms and symbols that are not to be used throughout the organization. DO NOT USE ABBREVIATIONS</p> <table border="1" data-bbox="492 657 1484 720"> <tr> <td>Zero after decimal point (1.0)</td><td>U, u, IU, Q.D., QD, q.d., qd, Q.O.D., QOD,</td></tr> <tr> <td>No zero before decimal dose (.5mg)</td><td>q.o.d, qod, M5, M5O4, MgSO4,</td></tr> </table> <p><u>NPSG.02.03.01</u> measure, assess and if appropriate take action to improve the timeliness of reporting and the timeliness of receipt by the responsible licensed caregiver of critical tests and critical results and values.</p> <p><u>NPSG.02.05.01</u> implement a standardized approach to "handoff" communications, including an opportunity to ask and respond to questions.</p>	Zero after decimal point (1.0)	U, u, IU, Q.D., QD, q.d., qd, Q.O.D., QOD,	No zero before decimal dose (.5mg)	q.o.d, qod, M5, M5O4, MgSO4,
Zero after decimal point (1.0)	U, u, IU, Q.D., QD, q.d., qd, Q.O.D., QOD,				
No zero before decimal dose (.5mg)	q.o.d, qod, M5, M5O4, MgSO4,				
<p>Improve the Safety of Using Medications</p> 	<p><u>NPSG.03.03.01</u> identify and at a minimum, annually review a list of look-alike/sound-alike drugs used in the organization and take action to prevent errors involving the interchange of these drugs.</p> <p><u>NPSG.03.04.01</u> label all medications, medication containers or other solutions on and off the sterile field in perioperative and other procedural settings.</p> <p><u>NPSG.03.05.01</u> reduce the likelihood of patient harm associated with the use of anticoagulation therapy.</p>				
<p>Reduce the Risk of Health Care-Associated Infections</p> 	<p><u>NPSG.07.01.01</u> comply with current World Health Organization (WHO) hand hygiene guidelines or Centers for Disease Control and Prevention (CDC) hand hygiene guidelines.</p> <p><u>NPSG.07.02.01</u> manage as sentinel events all identified cases of unanticipated death or major permanent loss of function associated with a health care-associated infection.</p> <p><u>NPSG.07.04.01</u> implement best practices or evidence-based guidelines to prevent central line-associated bloodstream infections (CLABSI).</p> <p><u>NPSG.07.05.01</u> implement best practices for prevention of surgical site infections (SSI).</p>				
<p>Accurately & Completely Reconcile Medications Across the Continuum of Care</p> 	<p><u>NPSG.08.01.01</u> a process exists for comparing the patients current medications with those ordered for the patient while under the care of the organization.</p> <p><u>NPSG.08.02.01</u> when a patient is referred or transferred from one organization to another, the complete and reconciled list of the patient's medications is communicated to the next provider of service.</p> <p><u>NPSG.08.03.01</u> when a patient leaves the organization's care, a complete and reconciled list of medications is provided directly to the patient and/or family.</p>				
<p>Reduce the Risk of Surgical Fires</p> 	<p><u>NPSG.11.01.01</u> educate staff, including LIP's & anesthesia providers on how to control heat sources and manage fuels and establish guidelines to minimize oxygen concentration under drapes.</p>				
<p>Encourage Active Involvement of Patients & Their Families in the Patients own Care</p>	<p><u>NPSG.13.01.01</u> identify the ways in which the patient and his/her family can report concerns about safety & encourage them to do so.</p>				



NATIONAL PATIENT SAFETY GOALS 2009

(BEHAVIORAL HEALTH CARE)

JC Goals	Implementation Expectations				
<p>Improve the Accuracy of Patient Identification</p> 	<p><u>NPSG.01.01.01</u> use at least two patient identifiers when providing care, treatment or services.</p> <p><u>NPSG.01.02.01</u> prior to the start of any invasive procedure, conduct a final verification process to confirm the correct patient or resident, procedure, site, and availability of appropriate documents.</p> <p><u>NPSG.01.03.01</u> eliminate transfusion errors related to patient misidentification.</p>				
<p>Improve the Effectiveness of Communication Among Caregivers</p> 	<p><u>NPSG.02.01.01</u> for verbal or telephone orders or for telephonic reporting of critical test results, verify the complete order or test result by having the person receiving the order or test result "read back" the complete order or test result.</p> <p><u>NPSG.02.02.01</u> standardize a list of abbreviations, acronyms and symbols that are not to be used throughout the organization. DO NOT USE ABBREVIATIONS</p> <table border="1" data-bbox="495 651 1469 714"> <tr> <td>Zero after decimal point (1.0)</td><td>U, u, IU, Q.D., QD, q.d., qd, Q.O.D., QOD,</td></tr> <tr> <td>No zero before decimal dose (.5mg)</td><td>q.o.d, qod, MS, MSO4, MgSO4,</td></tr> </table> <p><u>NPSG.02.03.01</u> measure, assess and if appropriate take action to improve the timeliness of reporting and the timeliness of receipt by the responsible licensed caregiver of critical tests and critical results and values.</p> <p><u>NPSG.02.05.01</u> implement a standardized approach to "handoff" communications, including an opportunity to ask and respond to questions.</p>	Zero after decimal point (1.0)	U, u, IU, Q.D., QD, q.d., qd, Q.O.D., QOD,	No zero before decimal dose (.5mg)	q.o.d, qod, MS, MSO4, MgSO4,
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<p>Improve the Safety of Using Medications</p> 	<p><u>NPSG.03.03.01</u> identify and at a minimum, annually review a list of look-alike/sound-alike drugs used in the organization and take action to prevent errors involving the interchange of these drugs.</p> <p><u>NPSG.03.04.01</u> label all medications, medication containers or other solutions on and off the sterile field in perioperative and other procedural settings.</p>				
<p>Reduce the Risk of Health Care-Associated Infections</p> 	<p><u>NPSG.07.01.01</u> comply with current World Health Organization (WHO) hand hygiene guidelines or Centers for Disease Control and Prevention (CDC) hand hygiene guidelines.</p> <p><u>NPSG.07.02.01</u> manage as sentinel events all identified cases of unanticipated death or major permanent loss of function associated with a health care-associated infection.</p> <p><u>NPSG.07.04.01</u> implement best practices or evidence-based guidelines to prevent central line-associated bloodstream infections (CLABSI).</p> <p><u>NPSG.07.05.01</u> implement best practices for prevention of surgical site infections (SSI).</p>				
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<p>Encourage Active Involvement of Patients & Their Families in the Patients own Care</p>	<p><u>NPSG.13.01.01</u> identify the ways in which the patient and his/her family can report concerns about safety & encourage them to do so.</p>				
<p>The Organization Identifies Safety Risks Inherent in Its Patient Population.</p>	<p><u>NPSG.15.01.01</u> the Organization Identifies Patients at Risk for Suicide</p>				